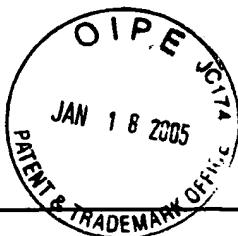


**CORRESPONDENCE
ADDRESS
INDICATION FORM**

Address to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Direct all correspondence to:

Customer Number: **30024**

Place Customer
Number Bar
Label Here →

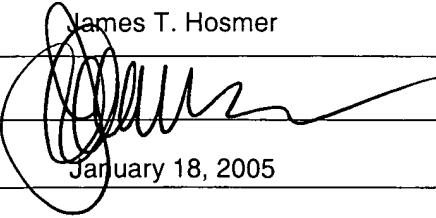
OR

Type Customer Number here

Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	10/622,142		July 18, 2003

Typed or Printed Name	James T. Hosmer	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	January 18, 2005	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Assistant Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.